



New blood for a new blood agency

Charlotte Gray

In brief

Many challenges await Canadian Blood Services, the organization now responsible for Canada's blood supply. The main job? Restoring Canadians' confidence in the blood-collection system following the Red Cross's public-relations meltdown.

The conviction in Lynda Cranston's voice could not be more forceful. "The first month has been great," says the new head of Canadian Blood Services (CBS). "The new senior management team is on board and our donations are up substantially from the same period last year. Now our goal is to stabilize the system and make any necessary improvements."

Every ounce of confidence Cranston can muster is important to the country's new national blood agency, which faces an enormous challenge: restoring Canadians' faith in a system rocked by a tainted-blood crisis and allegations of mismanagement.

In November 1997 Justice Horace Krever reported that during the 1980s, questionable blood-safety practices used by the Canadian Red Cross Society may have led to more than 1000 Canadians being infected with HIV and at least 12 000 with the hepatitis C virus. After Krever tabled his report, the federal government decided to remove responsibility for blood donation and distribution from the Red Cross, which had administered the system for more than 50 years. Canadian Blood Services, which is supposed to operate at arm's-length from governments, took over those duties in late September.

Cranston's appointment to the \$265 000-a-year job was a signal of the kind of leadership the government wanted at the new agency. Cranston, 51, is a nurse who has spent most of the past 18 years in senior administrative posts in hospitals in Western Canada, where she oversaw completion of a successful hospital merger. In 1987 she had a brief stint in the private sector at Rogers Cantel — a job she left under less-than-happy circumstances just 8 months after being hired.

However, it was her conduct as president and CEO at the Children's and Women's Health Centre in Vancouver that made her an attractive candidate for her new job. In 1987, as she was about to move to Rogers Cantel, a physician injected a drug into the spine of a 7-year-old leukemia patient. He missed a warning label saying that the drug should never be given by spinal injection, and the child died.

Cranston handled the crisis with aplomb. Not only did she immediately take responsibility for the mistake, she apologized personally to the child's parents and publicly at a press conference. She explained how the mistake was made and then listed the precautions the hospital would take to prevent it from happening again. She kept in touch with the parents to ensure they felt they had some control over the release of information — the child's name has never been released.

During the tainted-blood crisis, Canadians watched the Red Cross squirm rather than admit culpability or apologize to people who had been infected. Durhane Wong-Rieger, past president of the Canadian Hemophilia Society and an outspoken advocate for victims of tainted blood, was a member of the committee that hired Cranston for the CBS job. She told

reporters that Cranston's "openness, accountability and willingness to be thorough but also to personally accept the responsibility" reflected the kind of values the CBS was looking for.

The new agency started work with a clean financial and legal slate. When it took charge of the blood program, donations had already begun to pick up. During its first month, says Cranston, "donations were 63% above target, compared to 15% below target for the same period last year." (The target is a 4-day supply.) She has also conducted "satisfactory" discussions with her counterpart at Héma-Québec, which looks after that province's blood program.

As well, Cranston has announced that the agenda and minutes of every board meeting will be made public and that there will be an annual public accountability session.





She has visited all 17 existing blood centres and has written to the more than 1.7 million donors registered with the Red Cross, asking them to keep giving.

Better way to do things?

Now that the program is up and running, Cranston and her senior management team are wondering if there is a better way to do things. They are re-examining the delivery of blood products and their rate of use. The CBS is committed to reducing the amount of blood used during surgery and supports the use of both autologous blood and directed donations.

Cranston and her team are already scrambling to prepare for looming technological changes. The most immediate is the improved screening offered by genome amplification testing (GAT), which narrows the “window” between exposure to a virus and the appearance of antibodies during testing. GAT reduces the window for hepatitis C from 65 to 25 days, and for HIV from 22 to 16 days. However, the new tests will cost around \$25 million a year and raise some difficult ethical questions, because in some cases blood platelets may be used before test results are available. Dr. Graham Sher, medical director at the CBS, told *CMAJ* recently that “recipients will need to understand the concept of acceptable risk in transfusion medicine.” The need for public discussion of “acceptable risk” becomes even more acute when Creutzfeldt-Jakob disease is considered — it has not yet been proven to be a blood-borne illness. “We may be looking at increasingly expensive tests for an increasingly small gain in safety,” says Sher.

In his report, Krever argued that Canada’s blood system lags far behind other countries in its research activities, with the Red Cross spending only \$2.3 million a year on research and development. But hematologic research in Canadian universities and hospitals is about to get a huge boost. The federal government has committed \$5 million per year to blood research beginning in 2000, and the CBS has promised to spend about \$20 million annually.

Whither the doctor?

Other moves are afoot. “The Red Cross had moved from a medical model of a transfusion service to a manufacturing model,” explains Sher. “It had effectively removed all medical authority and decision-making at both the centres and the national level.” The result was a ma-

jour exodus of physicians from the blood centres and into large hospitals. “We must improve the morale of the medical directors of our blood centres,” says Sher. “Their salaries are currently substantially below those of their hospital peers.”

Cranston still faces scepticism. An anonymous critic told the *Globe and Mail* that establishing the new agency is simply a way to make the Red Cross the scapegoat for past mistakes. Others suggest that Cranston’s brusque management style will ruffle too many feathers in a community burned by scandal and government indifference. Cranston has already caused an uproar, telling one newspaper that the CBS would consider paying for blood donations. The remark raised a ruckus because paid donations would contradict the Canadian practice of voluntary donations of “the gift of life.”

In fact, Cranston was talking about donating plasma, which is a time-consuming process for the donor. Since Canada only produces 60% of the plasma products it requires, the agency is already paying for products purchased in the US. Today, Cranston shrugs off the furore her comment triggered as the price CBS must pay if it is to discuss issues openly. But she uses the discussion to explain that the agency’s target is “self-sufficiency in all blood products, and an all-volunteer system. We are nowhere near that now.”

According to Douglas Starr’s authoritative new book on the world’s blood industry, *Blood, an Epic History of Medicine and Commerce*, there is no single model for organizing a national blood system. “In examining the tainted-blood tragedies of the 1980s, it becomes clear that no system was immune from mistakes.” However, countries that emerged from the crisis with relatively low rates of blood-related infection had a few, simple, common elements, writes Starr, codirector of the Graduate Program in Science Journalism at Boston University. These included “diligent people in charge who fostered rapid response, open communications and close control over the source of their supplies. Safety is a matter of practice, not ideology.”

When Lynda Cranston considers this list, she feels confident that Canadian Blood Services is on the right track. “We are organized around those elements. We have identified safety as our basic principle — we’re not just paying lip service to it. A safe blood supply is our *only* agenda: there are no other issues for us.”

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